#### TB MEDICAL ADVISORY BOARD

## **History**

The Tuberculosis (TB) Medical Advisory Board (MAB) was formed in 1985 as a spin-off of the

TB Advisory Committee and was composed of five physicians. Its two primary functions were consultation and discussion. As TB medical consultants to the State, members offered assistance in contacting physicians to encourage and ensure implementation of Centers for Disease Control and Prevention/American Thoracic Society (CDC/ATS) and Indiana State Department of Health (ISDH) recommendations as well as providing state-wide phone consultation to those physicians unfamiliar with the treatment or management of TB. As a discussion group, the members met periodically to review cases that posed a particular problem or concern and made recommendations on case management to the TB Program.

At the first meeting (November 7, 1986), five functions were defined by the MAB.

- 1. React to problems identified by the TB staff;
- 2. Interact with people around the State involved in the care of TB patients;
- 3. React at the State level to try to provide some input to the overall planning process of the TB Program.
- 4. Provide clarification of CDC/ATS recommendations;
- 5. Input on policy or provide expert testimony.

There were four problem areas identified by the Board to consider:

- 1. Many counties have only one nurse and lack peer support;
- 2. Contact investigation and follow-up should be more aggressive, however, the nurse may be reluctant to confront physicians on treatment issues;
- 3. Data availability may be affected by under-reporting;
- 4. Lack of TB education among physicians, laboratories, and radiologic technicians.

The TB Program staff had the primary responsibility to maintain a repository of TB cases. In 1985, 340 cases were reported to the Program as compared to 202 cases in 1996. MAB members were called upon for medical advise and physician consult. No radical or extensive changes in TB policy and management occurred during this time. The TB Program was meeting its objective of entering cases, suspects, and reactors. Annual reports were prepared and published as part of the ISDH Annual Report.

## **Current**

MAB meets on a quarterly basis and is composed of approximately ten to 15 members who are physicians. State and county representatives from public health also attend. In the past, members have reached a consensus on acceptance of four-drug regimen for the initial treatment of TB. This consensus statement was promulgated throughout the State in the form of a brochure under the auspices of the Professional Education Subcommittee of the TB Elimination Committee. The Board has also issued statements regarding tuberculin skin testing and the need for a Microbiology Laboratory. The members also field phone consults from physicians at-large originating from TB Program referrals.

### **Purpose**

The TB Medical Advisory Board continues its mission to provide sound medical advice to Indiana physicians and to the State TB Program, regarding the diagnosis, treatment, and management of TB patients. The MAB functions as an advisory body to the State TB program and addresses current issues making appropriate recommendations. Cases of interest and particular concern are discussed at meetings.

### I. MEDICAL CASE HISTORY REVIEW

# Actual Cases seen by MAB Member, Advised by Member, or Recommended by TB Program

The general discussion may include:

- 1. case history presentations
- 2. implications of decisions
- 3. errors or shortcomings in case management
- 4. options to alter patient outcome
- 5. conclusions that can be drawn from the case with an overall rating.

The MAB will evaluate the cases looking for patterns, trends, or general directions seen in the treatment of TB and patient management.

#### II. POLICY REVIEW

## Policies or Procedures as Recommended by State for Implementation Including Legislative Acts

The MAB will have influence on TB policy in the State through the TB Program. Although the MAB cannot have final authority on State policy issues, the recommendation will help to arrive at the final policy. Proposed changes or revisions will be sent to MAB members prior to meeting in order that a meaningful discussion can be held with a consensus or position statement as the outcome.

#### III. VISIBILITY AS LOCAL TB EXPERTS

## Recognition as Local Experts Among Fellow Physicians When Consultation is Provided

The MAB will have visibility throughout the State; Statements, positions, and other written documents will carry MAB identification. The group will evolve into a recognized gathering of TB experts and the meetings can serve as the forum for medical information interchange. Since the meetings are open to the public, guests and other interested parties can attend any or all of the meetings.

## IV. PROGRAM CONSULTATION

### Most Essential and Fundamental Function of Members for the TB Program

A continuing function will be to provide medical consultation to the TB Program. As this group is looked upon for medical guidance, the TB Program will rely on members to comment or advise on the medical management of TB patients, suspects, reactors, and contacts. A TB network of physicians will be a natural expansion of this consultation.

### **Membership and Meetings**

Terms of membership will be established lasting two years. Terms can be renewed non-competitively. If members choose not to continue, a replacement from that agency or specialty will be sought. It is hoped that members will continue until at least the expiration of their term. A chairperson will also be termed with an option to continue. Members are to be physicians who are knowledgeable in TB issues. New members must have the support of at least two current members. Meeting dates will be established at the first meeting of the year.